

Benefits and challenges of nurse prescribing



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Specifically with Leg Ulcer Treatment the nurse prescribing practice help in delivering a complete episode of care, enables greater self-sufficiency and speedier access towards medication, time saving and expedient together with the early interference identifications, greater patient involvement (Courtenay, Berry 2007). Furthermore, it provides a means of formalising present prescribing activities and approaches, allow patients to receive better information from the nurses about the prescriptions and medications and thereby permitting a holistic practice (Courtenay 2007).

Additionally, it enhances rapport with the leg ulcer patient, reduces length of stay owing to accurate prescribing management, improves knowledge and assessment skills in identifying the complications of leg ulcer along with co-morbid complexities and promotes the response time to addressing patient symptoms and withdrawal (dependency) effects (Gray, 2006).

On the other hand, it was observed that the prescribed drug, Allevyn induced allergic reactions in the patient and this can be attributed to the potential implications of prescribing process. However, it can also happen owing to increased work load and responsibilities upon the nurse, litigation fear, inter and intra professional conflicts, adherence towards medical model of care, lack of knowledge and accountability and absence of skills for prescribing process and dependency (Courtenay et al., 2007).

REFERENCES

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Research study carried out by While and Biggs (2004) indicated that nurse prescribers cannot form a substitute for the general practitioners for the products within the limited formulary. Implementing a major role in the nurse prescribing practice requires assessment of numerous conditions including adequate education, preparation and training and designing formulary that convene patient and practitioner's needs (While, Biggs 2004). Report on the evaluation of eight pilot sites revealed that nurse prescribing was completely accompanied by anxiety and heightened apprehensions of accountability (Luker et al., 1997).

To date back, National training for Nurse Prescribing was started in England, by the year of 1998 during which around 20, 000 nurses have qualified for the new role.

The study carried out by Humphreys and Green (2000) illustrated the potential importance of infrastructure in the focus groups (n= 12) obtaining the preparation concerned to nurse prescription at one institution (Humphreys, Green 2000). The implementation of extension standards in to supplementary nursing practice acknowledged the deliberate need for understanding pharmacology as the basis for prescribing process and to identify the nurses who play a major role in selection criteria pertaining to prescriber training (Department of Health, 2002).

Towards the other side, in examining the speculative basis for mental health nurse prescribing process, it is very important to discuss the implicit theoretical tensions together with the experiences of registered nurse prescriber. Making a Difference (1999) was the key policy document published upon the extending phenomenon of nurse prescribing with an aim of saving time for the General Practitioners (Department of Health, 1999). However, the implicit support was arrived through National Health Service and it stressed on various ways of working and distorting the demarcating lines between the specialized groups in NHS with an interest on improved access to quality of health care (Brooks, 2001). Thus, it must be understood that benefits and challenges of Nurse Prescribing within the context of mental health include the following (Department of Health, 1999):

Add up the knowledge and allow complete use of experience.

Allow service transition from hospital to community based.

Nurses must reveal that they are diagnostically competent for the process of patient assessment and prescribing.

The prescribing process may distract the attention from other aspects of nursing roles.

May result in developing dangers (like allergic reactions developed for Allewyn in the present study) and these get added up to nurse's role

Conclusion

Thus, to effectively reduce the incidence of deleterious effects due to Nurse prescribing, a helpful action plan must be devised with the following objectives:

To evaluate the prescribing approaches of nurses with relation to health visitors.

To effectively understand the professional and contextual factors which enhance and inhibit the process of Nurse Prescribing

To understand the views of practitioners and patients with relation to treatment offered by the nurses.

Much research was performed with in this field of Nursing and still is needed in future to effectively explore the factors and to determine the steps for carrying out this process. Nevertheless, it is not a solitary effort and it demands the potential involvement of practitioners, patients, Nurses, local health organisations together with the government.